

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012376

STATE FILE NUMBER

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 84

FILED APR 1 1963

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>LIVINGSTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>LYNN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHILICOTHE</b>		c. CITY OR TOWN <b>MEADVILLE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CHILICOTHE HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>74 MI. E. OF MEADVILLE</b>	
3. NAME OF DECEASED (Type or print) First <b>RUTH</b> Middle <b>ALICE</b> Last <b>GUDGELL</b>		4. DATE OF DEATH Month <b>3</b> Day <b>26</b> Year <b>63</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-22-96</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <b>JOHN PALMER</b>		11b. MOTHER'S MAIDEN NAME <b>KATE BECK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>R.V. GUDGELL, MEADVILLE, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>SEVERE LACERATIONS + CONCUSSION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 HRS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) <b>SUBJECT BEATEN ON POSTERIOR SKULL WITH</b>	
20c. TIME OF INJURY Hour <b>10:00</b> p.m. Month, Day, Year <b>3-26-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.) <b>HOME</b>		20f. CITY, TOWN, OR LOCATION <b>MEADVILLE LYNN Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>11:50</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W.R. Wright</b> (Degree or title) <b>CORNER</b>		22b. ADDRESS <b>MEADVILLE, Mo.</b>	
22c. DATE SIGNED <b>3-28-63</b>		22d. LOCATION (City, town, or county) (State) <b>MEADVILLE Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-29-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BATTS CEMETERY</b>	
24. FUNERAL DIRECTOR <b>WRIGHTS - MEADVILLE, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 28, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Annalee Taylor</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Meadville, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.